

## **LOUISIANA CONRAD STATE 30 PROGRAM APPLICATION PACKET DOCUMENTATION DEFINITION AND CRITERIA LIST**

Requested documents **MUST** be placed in this order. **The physician's US DOS Case Number must be placed in the bottom right-hand corner of each page of the physician's Louisiana Conrad State 30 Program support request application packet.** If these numbers are not included on each page, the packet will be considered incomplete and will not be supported by the Bureau.

The following guidelines must be followed:

- All sections must be separated by a colored and/or tabbed divider pages.
- These divider pages must be appropriately labeled with the name of the document and/or sections behind it.
- Do not use of staples, binders, metal clamps , two-sided copies, and/or pages smaller than 8.5 x 11 inches, with the exception of one binder/clamp/device to hold the entire packet together.
- Completely fill out each listed form, as required, and supply all listed documents, if they apply, as instructed in this policy prior to submission of this packet in order for a speedy approval of the packet.
- If a document is included in this packet list that does not apply to the applying physician or site, then that must be noted on the packet checklist by marking that section with an "N/A" to the left side of the number/letter on the checklist.
- All items included in the packet must be noted as being complete by placing the compiler's initials in the blank space prior to that section name or an "N/A" if the item is not necessary as noted above.
- The checklist must be placed in the packet after the Louisiana Conrad State 30 Program Site Information form.

**In order for a Louisiana Conrad State 30 Program support request application packet to be deemed complete, the following is the list of items/documents/forms which must be included. Place these items/documents/forms in the order listed below including all information as requested/described herein. Failure to follow these guidelines or place documents/sections in this order will delay review of the packet and could result in the packet being returned for correction/completion:**

- ***Louisiana Conrad State 30 Program Site Information Form*** – The Louisiana Conrad 30 Site Information form must be filled out completely and placed on top of the application when submitted to the Bureau. Do not place a page divider before or after this form. Do not label or mark this form as a separate section of this application.
- ***Louisiana Conrad State 30 Program Support Request Application Packet Checklist***— Place a fully completed checklist behind the Louisiana Conrad State 30 Program Site Information form. Do not label or mark this form as a separate section.

**Begin the page numbers and section labels in the following order:**

1. **Form DS-3035 and/or the Third Party Bar Code Page:** Access an electronic version of DS-3035 at <http://www.state.gov/documents/organization/9768.pdf>. The Third Party Bar Code page contains the J-1 visa waiver applicant's full name, US Department of State Case Number, country of residence, and date of birth.
1. **Cover letter (letter of support):** This letter will be submitted by the Louisiana DHH Bureau of Primary Care and Rural Health indicating support of this Louisiana Conrad State 30 Program support request application. *This is the only section that the applicant is not responsible for completing or noting that it is non-applicable.*
2. **Employment contract requirements:** The employment contract **MUST** specify/ contain the following:
  - a. The name, address, telephone number, and site hours of ALL locations where the physician will be working or might fill-in along with the hours the physician will be working at each specific location must be included. If there are locations where the physician might fill-in occasionally, these should also be included and noted as possible, but not regular, work locations. These possible work locations can be listed separately as an addendum if they are numerous.
  - b. Both the physician and the head of the employing health care facility must sign and date the contract.
  - c. The contract must state that the physician is a full-time employee working a minimum of 40 hours per week (or 160 hours per month) while providing direct patient care in a setting appropriate to the physician's specialty.
  - d. The term of the contract must be for a minimum of three years with a guaranteed salary at least Level 2 of the United States Dept. of Labor's prevailing wage guidelines for physicians of the same type in the same area. If the salary is less than this amount, documentation must be provided to demonstrate that the guaranteed level is appropriate—see Prevailing Wage section for further details.
  - e. The contract must state that the physician will practice at least 32 clinical hours per week (or 128 hours per month) in not less than four days a week. This will **NOT** include hours in teaching settings, supervising residents/fellows/students, or supervising a clinics, or other administrative work.
  - f. A non-compete clause must **NOT** be included in the contract.
  - g. The contract must include a clause stating that the sponsoring employer will not impede the physician from working in the area after the completion of his/her employment contract's initial term if the physician does not wish to work with the sponsoring employer, or if the employer does not chose to renew the physician's contract.

- h. The contract must include a clause stating that Louisiana DHH will be notified at least 60 days prior to the termination of the contract by either party or **immediately upon termination** if an immediate termination occurs.
- i. The contract **CANNOT** be terminated without cause by either party and must include a statement to that effect.

**NOTE: Failure of the physician OR the practice site to fulfill the employment contract which was submitted to the Bureau for review as a part of the of the Louisiana Conrad State 30 Program support request application packet will affect the visa status of the J-1 visa waiver physician and any decisions regarding future J-1 visa waiver physician placements for this employer at any of their locations throughout the state. Failure to comply with Louisiana Conrad State 30 Program criteria by the physician or the employer as indicated by signing the *CRITERIA FOR J-1 VISA WAIVER SUPPORT BY THE STATE OF LOUISIANA* form might affect the employer's participation in other Bureau recruitment and retention incentive programs at any of its service locations and may affect the visa status of the J-1 visa waiver physician.**

**NOTE: If it is determined that the employment contract submitted with the application for support has been altered or is not the complete contract, the Bureau will withdraw its support for this physician and will no longer support any other physicians for this employer at ANY of their locations throughout the state.**

- 3. **Documentation of HPSA designation/FLEX (Non-HPSA) status:** The site will include documentation that they are located in a designated primary care HPSA and/or a mental health HPSA as appropriate for each application. This can be verified using the HPSA database on the federal Health Resources and Service Administration's web site at <http://hpsafind.hrsa.gov/>. If the area is not in a designated HPSA, ten (10) slots are available every year for non-designated areas provided the site can provide documentation that 30% or more of their patients are residents of a designated primary care or mental health HPSA, as appropriate. The site will also provide information on the patient-types from each nearby HPSA that they treat, specifically regarding the percentage of Medicaid, Medicare, and uninsured/underinsured indigent sliding fee scale patients. If the site is able to provide verification/documentation by filling out the Louisiana Conrad State 30 Program FLEX (Non-HPSA) Support Request form, the physician can apply for a non-designated slot.
- 4. **Letter of need from practice site:** A letter of explanation of the medical need in the community and the practice site's desire to hire a physician to alleviate this need must be included. The letter must be signed with an original signature and be written on the practice site's letterhead, which includes the site's telephone and fax numbers.
- 5. **Signed physician statement:** The following statement must be included and worded exactly as stated below:

I, (J-1 physician's name), hereby agree to the contractual requirements set forth in Section 214 (1) of the Immigration and Nationality Act, as follows:

- a) I have demonstrated a bona fide offer of “full-time” (40 hours) employment at (practice site), a health care facility, and have agreed to begin employment at this facility within 90 days of receiving such waiver and have agreed to continue to work in accordance with paragraph two (2), at this health care facility where I will be employed for a total of not less than three (3) years (unless the U.S. Attorney General determines that extenuating circumstances, such as the closure of the facility or hardship to the physician, would justify a lesser period of time).
- b) In addition, I agree to practice medicine in accordance with paragraph two (2) for a total of not less than three (3) years, only in the health care facility for this waiver, which is either in a geographic area designated by the Secretary of the Department of Health and Human Services as having a shortage of health care professionals or serves the residents of such a designated shortage area.

**It is important to note that the physician’s term of service begins when USCIS grants approval the physician’s waiver and the physician begins full-time employment or within 90 days of the USCIS approval.**

**6. Curriculum Vitae:** Physician’s current CV will be included.

## **Appendix documents must be placed in the following order and labeled accordingly:**

**A. Qualifications** – Copies of the following will be included:

- Medical school diploma(s) and transcripts with official translations, if necessary;
- An ECFMG® (Educational Commission for Foreign Medical Graduates) certificate, if applicable;
- Certificates showing completion of residency/fellowship programs, if programs have been completed prior to application submission;
- Any board certifications;
- Copies of USMLE (United States Medical Licensing Examination) passing results for Step 1, Step 2 Clinical Skills, Step 2 Clinical Knowledge, and Step 3;
- Any other relevant certifications/diplomas;
- Applicant’s current Louisiana State Board of Medical Examiner’s license, OR a copy of the application for this license; AND
- Applicant’s current Louisiana Medicaid Provider ID number, OR the copy of his/her application for this number, OR a letter stating that this will be forwarded once it has been applied for and received if physician is awaiting a Louisiana Medical License.

**B. Physician Attestation Form:** A notarized statement must be included which **MUST** be worded as stated below:

I, (J-1 physician’s name), hereby declare and certify, under penalty of the provisions of 18USC.1001, that: (1) I have sought or obtained the cooperation of the Louisiana Department of Health and Hospitals which is submitting an IGA request on behalf of me under the Louisiana Conrad State 30 Program to obtain a waiver of the two-year

home residency requirement; and (2) I do not now have pending nor will I submit during the pendency of this request another request to any United States Government department or agency or any equivalent to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.

- C. **IAP-66/DS-2019 forms:** Legible copies of the physician's IAP-66/DS-2019 forms covering every period the physician was in J-1 visa status will be included. These forms must be submitted in chronological order with "Begin a new program" first.
- D. **Form G-28 or letterhead from law firm (if applicable):** Include these forms if the J-1 physician wishes for his/her attorney to receive notice of actions taken regarding his/her waiver request application. The instructions and an electronic version of Form G-28 are available at <http://uscis.gov/graphics/formsfee/forms/g-28.htm> if the physician/site has an attorney assisting them with this waiver request application.
- E. **I-94 entry and departure cards and/or passport documentation:** Photocopies of these cards, front and back, must be included AND/OR copies of the passport used when entering the United States.
- F. **Three (3) letters of professional recommendation:** At least three (3) letters from the physician's peers/professors or those who know the physician's qualifications, in which these people recommend the physician for placement at a site to practice the type of medicine for which the physician was hired must be included.  
**NOTE: NO FORM LETTERS WILL BE ACCEPTED.**
- G. **Documentation of physician's site visit:** Documentation that can prove that the physician visited the proposed site of employment, i.e., copies of plane tickets, hotel reservations, photos of the physician at the site with the employer, gas receipts in that area on the date of the visit, etc. This is waived if the physician is completing residency/fellowship program, or has completed residency/fellowship in the past, at the facility or at a nearby facility in Louisiana (or a neighboring state within a 75 mile radius).
- H. **Original signed copy of the *CRITERIA FOR J-1 VISA WAIVER SUPPORT BY THE STATE OF LOUISIANA form*:** This form can be downloaded from the Bureau's web site at: <http://new.dhh.louisiana.gov/index.cfm/page/792> and must be signed and submitted with this packet.
- I. **Recruitment effort:** Documentation of the practice site's recruitment effort must include position-specific advertisements. **At least three (3) of the approved types of advertisements must be submitted with the physician's support request packet. Advertisements must begin at least six months prior to the submission of the physician's support request application packet to the Bureau.**

Documentation of the following types of advertisements/recruitment efforts are required which include the wording of the ad and date it was placed (**ad wording must include the name and location of the facility and the specialty being recruited**):

- Regional and/or national newspaper print ads with dates of printing;

- Regional and/or national journal print ads with dates of printing;
- Internet advertisements from regional or national publications with dates posted;
- Internet advertisements posted on recruitment/job-related web sites, including Med Job Louisiana ([www.medjoblouisiana.com](http://www.medjoblouisiana.com)) and/or 3RNet ([www.3rnet.org](http://www.3rnet.org)) free postings, with dates posted;
- A Med Job Louisiana recruiter letter, verifying that a recruitment effort with Med Job Louisiana has occurred, which includes the dates of activity related to this opening;
- Copies of e-mails/e-mail blasts sent to residents/fellows in Louisiana or nearby states with dates sent;
- Contracts with paid recruiters or any documentation of work performed by an in-house recruiter/staff that notes dates and types of recruitment activities performed; AND/OR
- Mail-outs/flyers sent to state or local residents/fellows regarding this job opening with dates mailed;

**NOTE: All Louisiana residency/fellowship program directors, as well as other nearby program directors for this specialty, must be contacted by this site requesting that this job opening be posted for their participants to see for a period of at least six months, immediately preceding the date of support request application packet submission.**

**Ads/internet postings done after the physician contract has been signed will document that the recruitment effort is continuing. Recruitment must have started at least six months before the waiver request application packet is submitted for support. Any lull of more than four months in recruitment activities (any of the items listed) will not be considered active recruitment during the review of this Louisiana Conrad State 30 Program support request application packet.**

- J. Documentation of United State citizens who inquired/applied and were not hired:** A list of any US citizens/permanent residents who applied for/inquired about this position who were not hired will be included along with the reason they were not offered the job or if they turned down this position. If none applied, please note this in this section.
- K. Four (4) letters of support from the community, including additional specialist letters, as requested in the Dire Need Criteria form:** Letters of support from the community where the physician will be practicing including at least one (1) from a primary care physician or a local hospital administrator. If a specialist is being hired, an additional letter from a physician of the same specialty will be included here if one is practicing in the area.

**NOTE: NO FORM LETTERS WILL BE ACCEPTED.**

- L. Proof of practice site's existence: A copy of one of the following items must be submitted:** a lease; fire marshal's inspection; utility receipt that includes the matching physical address of the site; site letterhead, including the address, phone number, and fax numbers; phone book page listing with matching address; or any other document which verifies the existence of this site at the address included in the Louisiana Conrad State 30 Program Site Information form and the physician's employment contract.
- M. Dire Need Criteria form:** The information requested in the Dire Need Criteria form needs to be submitted if a specialist (non-primary care) physician is being hired.
- N. Copy of Verification of Employer's Valid Medicaid ID Number**
- O. Prevailing wage information:** Documentation of the salary range for the position, which must be **100% of the United States Department of Labor's (US DOL) prevailing wage rate (at least Level 2 or higher) for physicians of the same-type in that area and/or the salaries of currently employed US citizens at the practice site if lower than US DOL's noted wages.** A copy of the most current prevailing wage for the type of physician applied for from US DOL should be included or verification that the salary offered is the same as US citizens with similar work experience who are working in the same position at this facility. Information on prevailing wage can be found at <http://www.flcdatcenter.com/OesWizardStart.aspx>. If Level 1 wages are being used, an explanation of why this level is appropriate must be included. If information on prevailing wage being used is different from the wages listed on the US DOL website, the applicant will need to have this wage level certified by US DOL and provide documentation that the statistical information used as a basis for this other wage analysis is mathematically sound. A complete step-by-step guideline for selecting an appropriate prevailing wage can be found at <http://www.flcdatcenter.com/skill.aspx>. **NOTE: If the J-1 physician has worked even one day in the United States or another country, Level 2 wages apply.**
- P. Documentation of sliding fee scale/indigent care policy:** The site must provide a copy of their sliding fee scale/indigent care policy for their uninsured/underinsured patients who are at or below 200% of federal poverty level including the actual scale used. The sign/ notice that states that the site sees all patients regardless of ability to pay must be included. A picture of this sign posted in a conspicuous place in the waiting room of this site must be included.
- Q. Explanation for out of status (if applicable):** This information is required if the physician spent any time in some other visa status, out of status, or outside the United States.
- R. A "No Objection" statement (if applicable):** A statement from the physician's government is required *if* the physician received government funding for his/her educational/living expenses while in school.